



PATIENT

Guiness Early

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

52 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Christina, CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr Rodriguez

INVOICE

37408

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Referral from local animal hospital for abdominal ultrasound due to elevated liver enzymes. Seen at local EClinic over the weekend, newly diagnosed diabetic and ketotic, hospitalized over the weekend, returning to local animal hospital to continue hospitalization today. P is on insulin. P is not eating and vomiting.

Abnormal PE/Chem/CBC/UA Results: 6/6/26 - HGB- 12.5, Glucose 350, Ca - 7.5, ALT - 709, ALKP - 1970, GGT - 27, Tbili - 3.5, CHOL - 496, Na - 140, Cl - 103 Positive for ketones in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.6 cm in length.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.1 cm.

Adrenal Glands

Both adrenal glands were not clearly visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach is markedly distended with hypoechoic fluid that contains anechoic material. Stomach wall diffusely has lost normal layering and is mildly thickened. No mechanical obstruction is seen. Stomach wall measures 4.2 mm width.

The intestines have normal wall layering and thickness.



PATIENT

The colon contains normal contents with normal wall thickness.

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Pancreas

SPECIES

Diffusely, the pancreas is hypoechoic with mildly enlarged sections, measuring up to 1.6 cm in width. There is mild to moderate surrounding hypoechoic fat.

Canine

Free Abdomen

BREED

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Patient appears to have functional gastritis.
- Hyperechoic hepatomegaly- most likely the patient has benign vacuolar hepatopathy related to their recent diagnosis of diabetes mellitus.
- Mild gallbladder debris
- Patient appears to have clinically significant pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Recommend continued treatment with supportive care with antiemetics, prokinetics, and proton pump inhibitor such as omeprazole.

52 Pounds

Recommend submitting a CPLI to confirm pancreatitis.

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DACVIM (SAIM)

Patient's continued anorexia and vomiting is most likely due to the functional gastritis seen on this exam, which is suspected to be due to pancreatitis. If available, recommend administering Panoquell at a dose of 0.4 mg/kg, IV, once per day, for 3 days, as treatment for patient's parent pancreatitis. This can be started safely while pending results of a CPLI to confirm clinically significant pancreatic inflammation.

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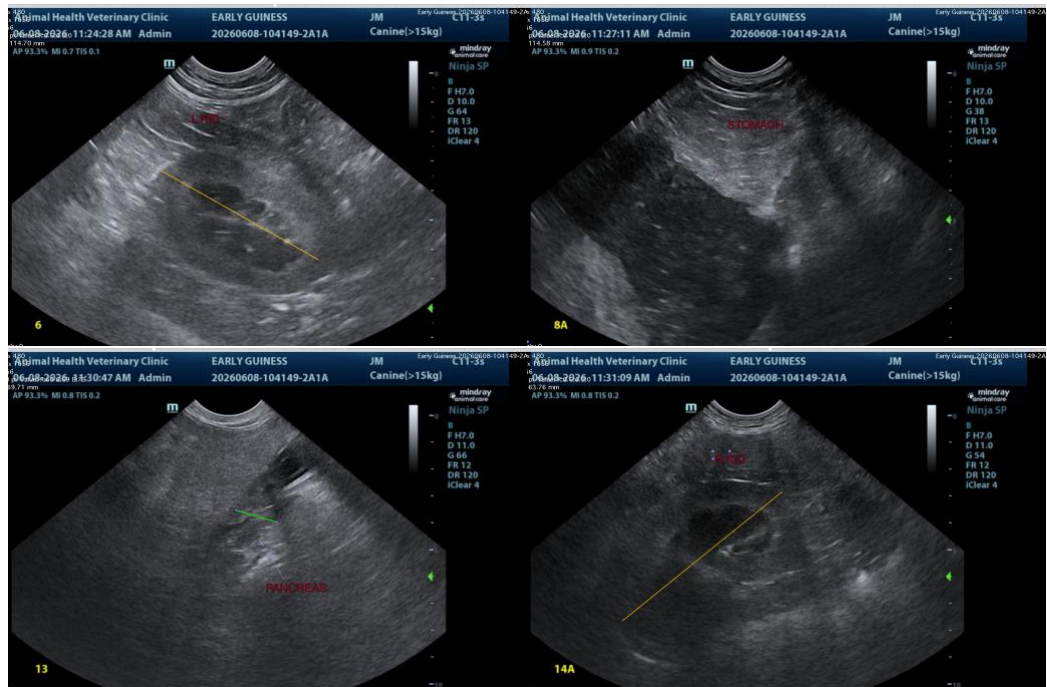
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)

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